

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 10/593,161	FILING DATE 9-18-06
CLAIMS							APPLICANT(S)	
	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	1							
2		1						
3		2						
4		0						
5		0						
6		0						
7	1							
8		1						
9		2						
10		0						
11		0						
12	1							
13		1						
14		2						
15		2						
16		0						
17		0						
18		0						
19		0						
20		0						
21	1							
22		1						
23	1							
24		1						
25		2						
26		0						
27		0						
28		0						
29		0						
30		0						
31		0						
32		0						
33		0						
34		0						
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36		0						
37		0						
38	1							
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50								
TOTAL IND.	6							
TOTAL DEP.	27							
TOTAL CLAIMS	33							
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